

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10/069676</u>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.							6	
TOTAL DEP.							27	
TOTAL CLAIMS							33	
TOTAL IND.							5	
TOTAL DEP.							34	
TOTAL CLAIMS							39	
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

Best Available Cop,